



601 John Street
 Kalamazoo, MI 49007
 (269) 341-7654
 bronsonhealth.com

Your Name and Date of Birth

[Redacted]

Emergency Contacts

Name [Redacted]
 Number [Redacted]
 Name [Redacted]
 Number [Redacted]

Vaccinations: (Date Given)

Tetanus (Tdap) [Redacted]
 Flu (Influenza) [Redacted]
 Pneumonia (Pneumococcal) [Redacted]
 Other [Redacted]

Major Health Problems, Surgeries:

[Redacted]

Allergies and Your Reaction

[Redacted]

Doctors' Names/Numbers:

[Redacted]

Pharmacy Name/Number:

[Redacted]

Bronson Outpatient Pharmacy (269) 341-6990

Medications (including over-the-counter medications such as vitamins, herbals, etc.)

How Much

When I Take It

XXX (example)

1 tablet, 400mg

morning

[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

Date Last Updated _____

Updated by _____

Medications (including over-the-counter medications such as vitamins, herbals, etc.)

How Much

When I Take It

[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

Date Reviewed With Doctor or Pharmacist _____